

Breastfeeding Getting Started



[insert presenter info]

Advantages for the Baby

- ♥ **Less illnesses, diseases & disorders**
- ♥ **Antibodies in breast milk**
- ♥ **Always the right temperature**
- ♥ **Nurturing benefits from skin to skin contact**
- ♥ **Aids in development of baby's brain and nervous system**

Advantages for Mother

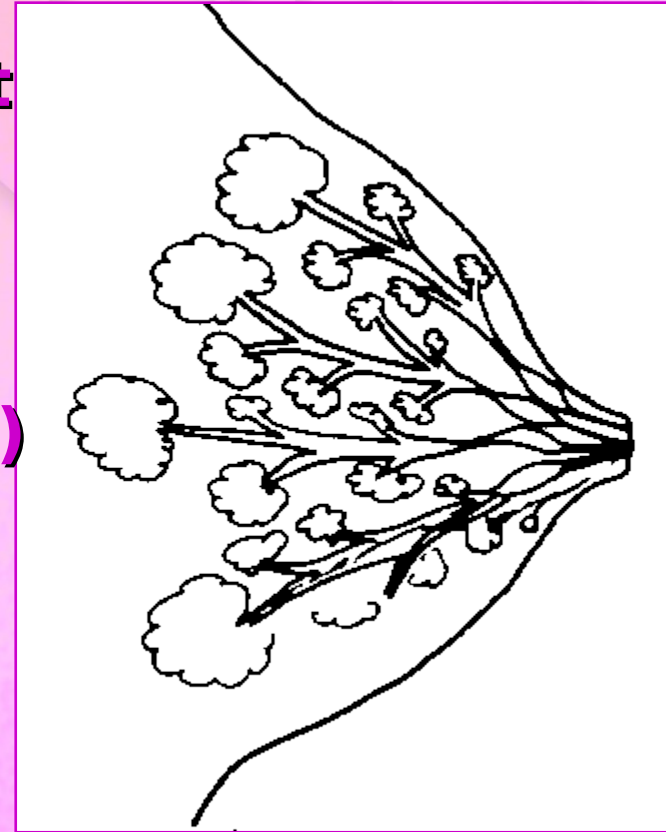
- ♥ **Decreased postpartum bleeding**
- ♥ **Earlier return to pre-pregnancy weight**
- ♥ **Delayed resumption of ovulation**
- ♥ **Reduced risk of ovarian cancer**
- ♥ **Reduced premenopausal breast cancer**

Anatomy & Physiology During Pregnancy

- ♡ **Breast, areola, & nipple increase in size**
- ♡ **Veins may be more noticeable**
- ♡ **Milk glands & ducts increase**
- ♡ **Colostrum is produced in the second trimester**
- ♡ **Montgomery glands become numerous and prominent**

How Does a Breast Produce Milk?

- ♡ Milk is made in grapelike structures deep in the breast
- ♡ When milk “let’s down” it travels out of the “grapes” down the stems “ducts” and collects in the pools (sinuses) under the dark area (areola) behind the nipple
- ♡ Baby’s gums press areola to release milk

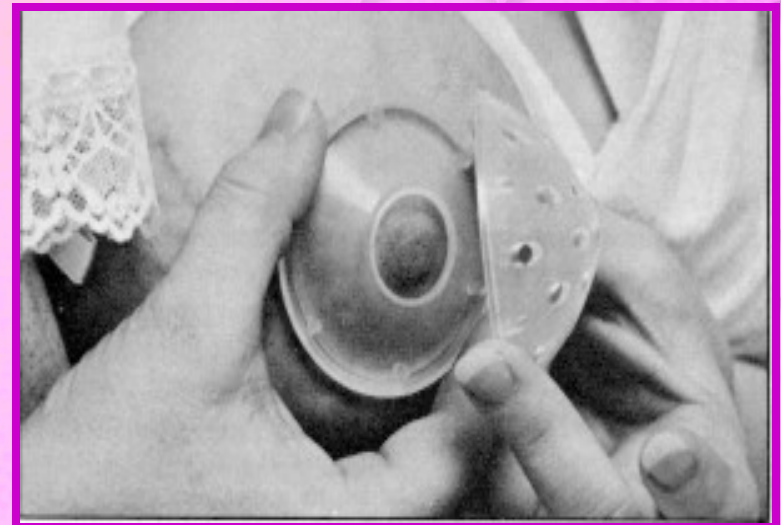
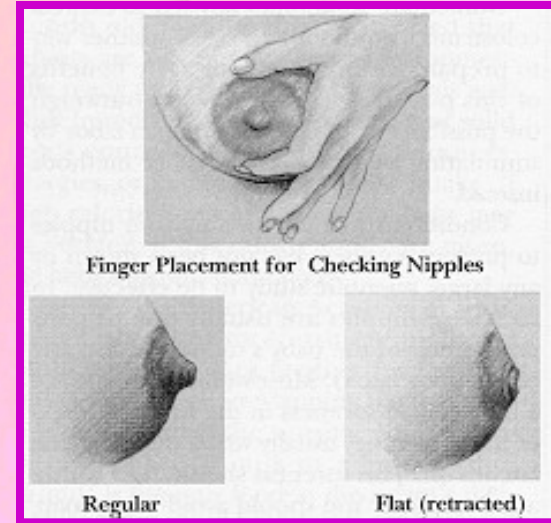


Before Delivery: Preparing for Breastfeeding

- ♥ **Massage breasts and rub nipples gently**
- ♥ **Avoid using soap on nipples**
- ♥ **Expose nipples to air and briefly to sunlight**
- ♥ **Let nipples rub against clothing**

Flat or Inverted Nipples

- ♡ **Begin treatment late in pregnancy**
 - ♡ **Stop if causes uterine contractions**
- ♡ **Breast shells**
 - ♡ **Wear 1 hour a day and gradually increase to several hours**
 - ♡ **Dry area under nipple often**



Breastfeeding: Getting Started



Is Your Baby Hungry?

Infant Feeding Cues

- ♥ **Bringing hands to mouth or cheek and trying to suck on them**
- ♥ **Rooting**
- ♥ **Lip smacking, mouthing, tongue protrusion**
- ♥ **Crying is a late feeding cue**

Breastfeeding Your Infant

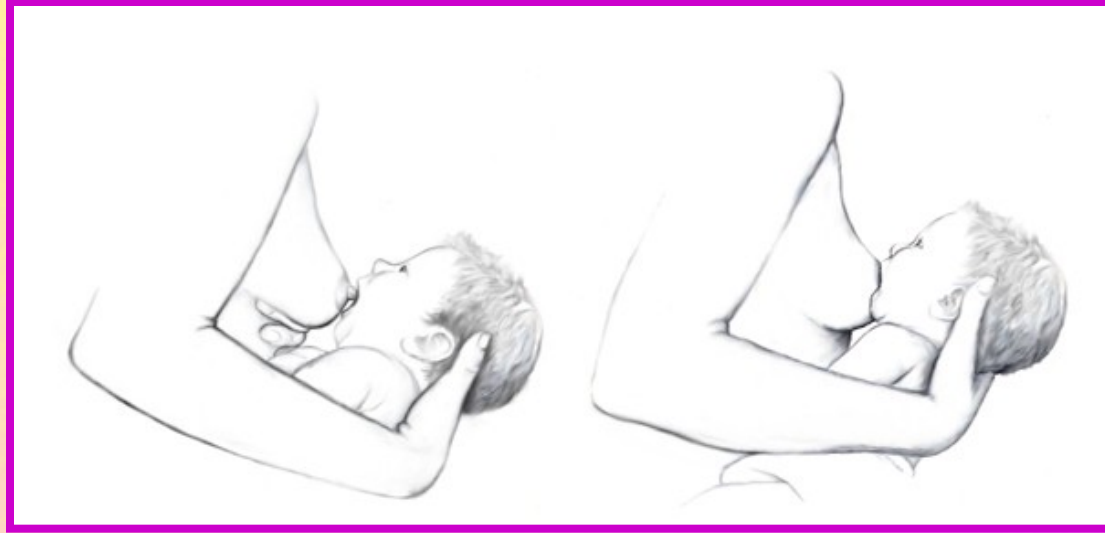
- ♥ **Wash your hands**
- ♥ **Position yourself comfortably and correctly**
- ♥ **Use pillows or towels for support**
- ♥ **Uncover the breast you wish to offer first**

The Side-lying Position

- ♡ Lie on your side
- ♡ Use pillows
- ♡ Tummy-to-tummy
- ♡ Baby's mouth in line with nipple



The Football Position



- ♡ Baby's legs are under your arm
- ♡ Use pillows
- ♡ Helpful for baby's who are having trouble latching on

The Cradle Position

- ♥ **Tummy-to-tummy**
- ♥ **Baby's head in crook of your elbow**
- ♥ **Shoulders, hips, in straight line**
- ♥ **Level with breast**
- ♥ **Pillow in lap will help**

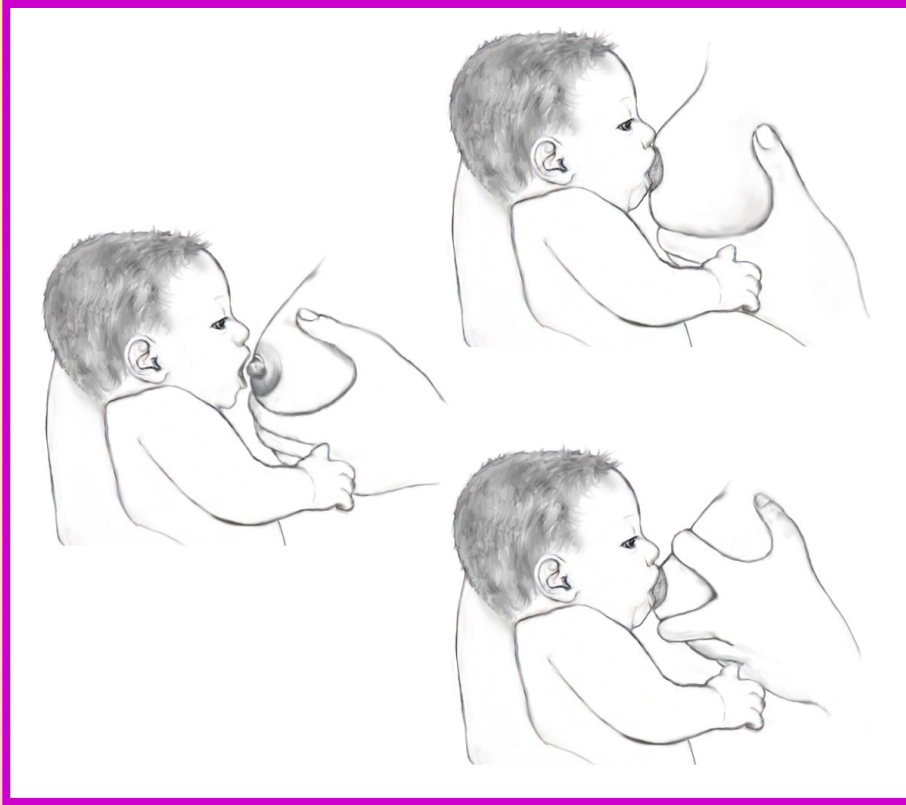


Milk Ejection Reflex

“Let Down”

- ♡ **Tingling sensation in breast**
- ♡ **Relaxed feeling occurs**
- ♡ **“Let down” can occur between feedings**

Offering Your Breast to Baby



♡ **Fingers underneath, thumb on top of breast**

♡ **Fingers well behind areola**

Rooting Reflex and Latch-On

- ♡ **Position baby correctly at breast with mouth directly in front of nipple**
- ♡ **Use nipple to tickle baby's lips until mouth opens wide**
- ♡ **Support baby's head**
- ♡ **Baby's mouth is open wide enough to take in nipple and most of areola**

Open wide...

- ♡ **Quickly center your nipple in his mouth and pull him toward you**
- ♡ **Baby's lower jaw far back from the nipple**
- ♡ **Baby's chin on breast**
- ♡ **Nose may be on breast**



Coming off the breast

- ♥ **Watch baby for cues that he is finished**
 - ♥ **May spontaneously come off the breast**
 - ♥ **May fall asleep**
- ♥ **Allow baby to determine when he is done**
 - ♥ **Foremilk and hindmilk**
- ♥ **If you need to stop the feeding early, break suction by inserting finger into corner of baby's mouth**

Challenges



Is baby getting enough to eat?

- ☐ **Baby feeds frequently**
- ☐ **10-15 on each breast per feeding**
- ☐ **Adequate wet diapers**
- ☐ **Adequate stools**
- ☐ **Baby is gaining weight**

Nursing Mothers: Stay Well Nourished

- ♥ **Follow same healthy diet you ate while pregnant**
- ♥ **Breast feeding burns 300-400 additional calories per day**
- ♥ **If you are not well nourished, your supply of breast milk may decrease**

Breast Care

- ♡ **Sore or cracked nipples**
- ♡ **Engorgement**
- ♡ **Plugged Ducts**
- ♡ **Mastitis**

Preventing Sore or Cracked Nipples

- ♥ **Properly position infant**
 - ♥ **Use pillows**
 - ♥ **Check for good latch on**
- ♥ **Do not use ointments or creams**
- ♥ **Express a few drops of milk onto nipple after feeding (antibacterial properties)**
- ♥ **Allow nipples to air dry**

Engorgement

- ♥ May occur between 2nd and 6th day when your milk “comes in”
- ♥ Occurs more frequently in first-time mothers
- ♥ Hang in there! This will go away after a day or so.

Plugged Ducts

- ♡ **Tender spot, redness, or sore lump in breast**
- ♡ **Milk is unable to flow through duct leads to inflammation**
- ♡ **Change feeding positions from time to time**

Mastitis

- ♥ Occurs when plugged duct is not treated
- ♥ Flu-like symptoms (tired, aches, fever)
- ♥ Start treatment immediately
 - ♥ Contact physician for antibiotics
 - ♥ Apply heat
 - ♥ Breastfeed frequently
 - ♥ Rest

REMEMBER

**Getting breastfeeding
correct from the start is
crucial to long-term
breastfeeding success!**

Reasons to Suspend or Avoid Breastfeeding

- ♥ **Treatment with a medication that transfers into the breast milk**
- ♥ **Level of risk to environmental exposures at duty station or in the field**
 - ♥ **Solvents**
 - ♥ **Chemicals**
 - ♥ **Fuels**

Weaning

- ♥ **Wean gradually**
- ♥ **Substitute a bottle or serve drinks in a sippy cup**
- ♥ **Ensure adequate nutrition for baby**
- ♥ **Be firm in your decision**

QUESTIONS



Acknowledgements

Ms. BethAnn Cameron, MS, CHES

Health Educator

Directorate of Health Promotion and Wellness

**US Army Center for Health Promotion and Preventive
Medicine**

Ms. Cindy Plank

Health Educator

General Leonard Wood Army Community Hospital

Fort Leonard Wood, Missouri

Wellness Center

Martin Army Community Hospital

Fort Benning, Georgia